



ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2008  
OF THE CONDITION AND AFFAIRS OF THE

Physicians Health Plan of South Michigan

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 52564 Employer's ID Number 38-3311905

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as business type:

Life, Accident and Health [ ] Property/Casualty [ ] Hospital, Medical and Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Other [ ]  
Health Maintenance Organization [ X] Is HMO Federally Qualified? Yes ( ) No (X)

Incorporated/Organized April 17, 1996 Commenced Business May 1, 2000

Statutory Home Office One Jackson Square, Jackson, Michigan 49201 (Street and Number, City or Town, State and Zip Code)

Main Administrative Office One Jackson Square, Jackson, Michigan 49201 800-428-7163 (Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address One Jackson SquareN/A, Jackson, Michigan 49201 (Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records One Jackson Square, Jackson, Michigan 49201 (Street and Number, City or Town, State and Zip Code)  
800-428-7163 (Area Code) (Telephone Number)

Internet Website Address phpcares.com

Statutory Statement Contact David W Rockey 517-841-7429 (Name) (Area Code) (Telephone Number) (Extension)  
david.rockey@phpcares.com 517-782-4512 (E-Mail Address) (Fax Number)

OFFICERS

Wynn Hazen (Interim President)  
Jeanne' Wickens (Secretary/Treasurer)  
Wynn Hazen (Interim CFO)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Brian Adamczyk, MD  
Jan Blair  
Georgia Fojtasek  
K V Rao, MD  
Beth Smith  
Richard Warren  
Jeanne' Wickens  
Phil Miller  
Michael Shore  
Ed Woods

State of Michigan }  
County of Jackson } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Wynn Hazen Interim President Jeanne' Wickens Secretary/Treasurer Wynn Hazen Interim CFO

Subscribed and sworn to before me this day of  
a. Is this an original filing? Yes (X) No ( )  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 - TOTAL - Individuals .....				232	232	
0299998 - Premiums due and unpaid not individually listed .....				24,623	24,623	
0299999 - TOTAL - Group .....				24,623	24,623	
0599999 - Accident and health premiums due and unpaid (Page 2, Line 13) .....				24,855	24,855	

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
0199999 - Pharmaceutical Rebate Receivables				20,622	20,622	
				20,622	20,622	
Claim Overpayment Receivables						
				7,754	7,754	
				184,444	184,444	
0299999 - Claim Overpayment Receivables				192,198	192,198	
Loans and Advances to Providers						
				220,448	220,448	
0399999 - Loans and Advances to Providers				220,448	220,448	
Risk Sharing Receivables						
0599999 - Risk Sharing Receivables						
0799999 - Gross Health Care Receivables				433,268	433,268	

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually listed claims unpaid (Reported)						
	50,055					50,055
0199999 - Individually listed claims unpaid (Reported)	50,055					50,055
0499999 - Subtotals	50,055					50,055
0599999 - Unreported claims and other claim reserves						375,446
0799999 - Total claims unpaid						425,501
0899999 - Accrued medical incentive pool and bonus amounts						440,146

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1  Name of Affiliate	2  1 - 30 Days	3  31 - 60 Days	4  61 - 90 Days	5  Over 90 Days	6  Nonadmitted	Admitted	
						7  Current	8  Non-Current
Individually listed receivables							
0199999 - Subtotal - Individually listed receivables	899					899	
0299999 - Receivables not individually listed	648,090					648,090	
0399999 - TOTAL gross amounts receivable	648,989					648,989	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0299999 - Payables not individually listed .....		47,392	47,392	
0399999 - TOTAL gross payables .....		47,392	47,392	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Physicians Health Plan of South Michigan

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1  Direct Medical Expense Payment	2  Column 1 as a Percentage of of Total Payments	3  Total Members Covered	4  Column 3 as a Percentage of Total Members	5  Column 1 Expenses Paid to Affiliated Providers	6  Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....						
2. Intermediaries .....	5,820	0.049	5,820	100.000		5,820
3. All other providers .....						
4. Total capitation payments .....	5,820	0.049	5,820	100.000		5,820
Other Payments:						
5. Fee-for-service .....	182,041	1.522	X X X	X X X		182,041
6. Contractual fee payments .....	11,768,974	98.429	X X X	X X X	4,633,780	7,135,194
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. Total other payments .....	11,951,015	99.951	X X X	X X X	4,633,780	7,317,235
13. Total (Line 4 plus Line 12) .....	11,956,835	100%	X X X	X X X	4,633,780	7,323,055

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1  NAIC Code	2  Name of Intermediary	3  Capitation Paid	4  Average Monthly Capitation	5  Intermediary's Total Adjusted Capital	6  Intermediary's Authorized Control Level RBC
Transactions with intermediaries					
	HealthHelp .....	5,820	5,820		
	AMBS Call Center .....	3,263	326		
9999999 - TOTAL Transactions with intermediaries .....		9,083			

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Physicians Health Plan of South Michigan

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	5,624,626	134,022	642,258	5,116,390	5,116,390	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total .....	5,624,626	134,022	642,258	5,116,390	5,116,390	





ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Physicians Health Plan of South Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION    Physicians Health Plan of South Michigan

2.    Jackson, Michigan

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 52564

BUSINESS IN THE STATE OF MICHIGAN   DURING THE YEAR 2008

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1.   Prior Year .....	11,086		11,086							
2.   First Quarter .....	3,243		3,243							
3.   Second Quarter .....	1,174		1,174							
4.   Third Quarter .....										
5.   Current Year .....										
6.   Current Year Member Months .....	17,585		17,585							
Total Member Ambulatory Encounters for Year:										
7.   Physician .....	8,972		8,972							
8.   Non-Physician .....	3,352		3,352							
9.   Total .....	12,324		12,324							
10. Hospital Patient Days Incurred .....	310		310							
11. Number of Inpatient Admissions .....	115		115							
12. Health Premiums Written (b) .....	5,217,697		5,217,697							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	5,217,697		5,217,697							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	11,951,016		11,951,016							
18. Amount Incurred for Provision of Health Care Services .....	4,867,299		4,867,299							

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



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REPORT FOR: 1. CORPORATION    Physicians Health Plan of South Michigan

2.    Jackson, Michigan

(LOCATION)

NAIC Group Code: 0000

NAIC Company Code: 52564

BUSINESS IN THE STATE OF GRAND TOTAL   DURING THE YEAR 2008

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1.   Prior Year .....	11,086		11,086							
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13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	5,217,697		5,217,697							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	11,951,016		11,951,016							
18. Amount Incurred for Provision of Health Care Services .....	4,867,299		4,867,299							

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health  
**NONE**

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Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses  
**NONE**

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Sch. S, Pt. 3, Sn. 2, Reinsurance Ceded Accident and Health  
**NONE**

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Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies  
**NONE**

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Sch. S, Pt. 5, Five-Year Exhibit of Reinsurance Ceded Business  
**NONE**

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Column 3)</b>			
1. Cash and invested assets (Line 10) .....	6,171,161		6,171,161
2. Accident and health premiums due and unpaid (Line 13) .....	3,175		3,175
3. Amounts recoverable from reinsurers (Line 14.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	2,437,672		2,437,672
6. Total assets (Line 26) .....	8,612,008		8,612,008
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	425,501		425,501
8. Accrued medical incentive pool and bonus payments (Line 2) .....	440,146		440,146
9. Premiums received in advance (Line 8) .....			
10. Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17) .....			
11. Reinsurance in unauthorized companies (Line 18) .....			
12. All other liabilities (Balance) .....	1,702,306		1,702,306
13. Total liabilities (Line 22) .....	2,567,953		2,567,953
14. Total capital and surplus (Line 31) .....	6,044,055	X X X	6,044,055
15. Total liabilities, capital and surplus (Line 32) .....	8,612,008		8,612,008
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....			
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....			
19. Reinsurance recoverable on paid losses .....			
20. Other ceded reinsurance recoverables .....			
21. Total ceded reinsurance recoverables .....			
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized insurers .....			
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....			
26. Total ceded reinsurance payables/offsets .....			
27. Total net credit for ceded reinsurance .....			

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Sch. T, Part 2, Interstate Compact

**NONE**

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Sch. Y, Pt. 2, Insurer's Transactions with any Affiliates

**NONE**

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However , in the event that your domiciliary state waives the filing requirement , your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason , enter SEE EXPLANATION and provide an explanation following the interrogatory questions.


MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION: .....	
BARCODE:	
Document Identifier 460:	
2. Will an actuarial opinion be filed by March 1?	YES
EXPLANATION: .....	
BARCODE:	
Document Identifier 440:	
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION: .....	
BARCODE:	
Document Identifier 390:	
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
EXPLANATION: .....	
BARCODE:	
Document Identifier 390:	

APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION: .....	
BARCODE:	
Document Identifier 350:	
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
EXPLANATION: .....	
BARCODE:	
Document Identifier 285:	
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
EXPLANATION: .....	
BARCODE:	
Document Identifier 210:	

JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
EXPLANATION: .....	
BARCODE:	
Document Identifier 220:	

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However , in the event that your domiciliary state waives the filing requirement , your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason , enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION: .....	
BARCODE:	
Document Identifier 360:	5 2 5 6 4 2 0 0 8 3 6 0 0 0 0 0 0



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: .....		
BARCODE:	5 2 5 6 4 2 0 0 8 2 0 5 0 0 0 0 0	
Document Identifier 205:		
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: .....		
BARCODE:	5 2 5 6 4 2 0 0 8 2 0 7 0 0 0 0 0	
Document Identifier 207:		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
EXPLANATION: .....		
BARCODE:	5 2 5 6 4 2 0 0 8 4 2 0 0 0 0 0 0	
Document Identifier 420:		
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION: .....		
BARCODE:	5 2 5 6 4 2 0 0 8 3 7 1 0 0 0 0 0	
Document Identifier 371:		
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION: .....		
BARCODE:	5 2 5 6 4 2 0 0 8 3 7 0 0 0 0 0 0	
Document Identifier 370:		
APRIL FILING		
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION: .....		
BARCODE:	5 2 5 6 4 2 0 0 8 3 6 5 0 0 0 0 0	
Document Identifier 365:		
16.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION: .....		
BARCODE:	5 2 5 6 4 2 0 0 8 3 3 0 0 0 0 0 0	
Document Identifier 330:		
17.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: .....		
BARCODE:	5 2 5 6 4 2 0 0 8 2 1 1 0 0 0 0 0	
Document Identifier 211:		
18.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
EXPLANATION: .....		
BARCODE:	5 2 5 6 4 2 0 0 8 2 1 3 0 0 0 0 0	
Document Identifier 213:		



Health

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